

CARRYOVER FUND REPORTING FORM

Year of Election: _____

NOTE: The carryover fund reports of a person who ran for school district, township, municipal, or county office are required to be filed with the **county clerk** of the county in which the election was held. The carryover fund reports of a person who ran for state or district office are required to be filed with:

Charlie Daniels, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

For assistance in completing this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203-1917
Phone (501) 324-9600
Toll Free (800) 422-7773

☐ Check if this report is an amendment

Officeholder/Candidate Information		(file stamp)
1. Name of Officeholder/Candidate		
Address		
City, State, and Zip	Phone Number	
Office	District Number	
2. Type of Report: (check only one) This report covers what period? (____/____/____) through (____/____/____)		
<input type="checkbox"/> First Quarter (due April 15) <input type="checkbox"/> Fourth Quarter (due January 15)		
<input type="checkbox"/> Second Quarter (due July 15) <input type="checkbox"/> Annual Report for Calendar Year _____ (due January 31)		
<input type="checkbox"/> Third Quarter (due October 15)		
A quarterly report is due if you have expended in excess of \$500 since your last report concerning carryover funds. No report is required in any calendar quarter in which you have not exceeded the cumulative expenditure limit of \$500 since your last report. An annual report is not required if you have filed at least one quarterly report during the calendar year. A person is required to file a report for the calendar quarter in which he or she transfers carryover funds to his or her active campaign fund.		

SUMMARY	FOR REPORTING PERIOD	YEAR-TO-DATE
3. Balance of carryover funds at beginning of reporting period		
4. Interest (if any) earned on carryover account		
5. Total expenditures (enter amount from line 10)		
6. Balance of carryover funds at close of reporting period		

I certify that I have examined this Report, and that to the best of my knowledge and belief it is true, correct, and complete.

Signature of Officeholder/Candidate

Sworn to and subscribed before me, a Notary Public, in and for _____ County, Arkansas, on this _____ day of _____, 20_____.

My Commission Expires: _____

Signature of Notary

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

The law provides for a maximum penalty of \$1,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of Ark. Code Ann. § 7-6-201 through § 7-6-225. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

7. ITEMIZED EXPENDITURES OVER \$100

Please Type or Print
(Use copies of this page as needed)

Name and Address of Supplier/Payee	Description of Expenditure	Date	Amount of Expenditure
8. TOTAL ITEMIZED EXPENDITURES			
9. TOTAL NONITEMIZED EXPENDITURES			
10. TOTAL EXPENDITURES (includes lines 8 and 9)			

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